

# National Early Childhood Technical Assistance Center

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## State Structures for Part C Service Provision and Implications for Accountability

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States have established a wide array of system infrastructures for providing early intervention services and ensuring accountability of service providers. Regardless of the infrastructure that a state uses, the most critical considerations for all states, including those that incorporate public – private partnerships, include:

- Ensuring the availability of sufficient service providers to meet the needs of children and families.
- Ensuring that all sources of revenue are maximized regardless of how the system is structured.
- Ensuring that all public and private service providers have the competencies and necessary training and technical assistance supports to provide early intervention services.
- Ensuring accountability, oversight, and monitoring for compliance and quality practices of all public and private services providers (e.g., Part C regulations require that all service providers must comply with federal and state Part C requirements. In fact, IDEA 2004 requires that service provider practices must be based on scientifically-based research.)

### State Structures

A few states provide early intervention services directly through their local counterparts (e.g., Nevada) while other states have developed public - private partnerships for the provision of services. Although each state has its own unique characteristics, states that use private providers primarily fall within the following three structural approaches:

1. **Individual Provider Structure:** The Individual Provider Structure usually includes entities at the regional or local level that serve as a point of entry that conduct the initial evaluation/assessment, provide service coordination, and oversee of the implementation of the IFSP by state approved independent individual providers (not agencies). States typically set criteria for the minimum qualifications of the service providers, establish individual provider contracts, and maintain a current listing of approved providers for use by parents and service coordinators in arranging service

delivery. Most states that have this structure require each approved provider in the provider pool to participate in state developed early intervention training.

This structure generally includes a fee for service and the provider is reimbursed following the provision of services. In some states, the provider is responsible for all billing of services to the appropriate payer, and in other states a central billing agency has been established to pay the provider a set fee and then bill the appropriate funding source for reimbursement. An authorization process, based upon IFSP services, is typically used for provider's to receive reimbursement from the central billing agency.

*Indiana, Illinois, Missouri, West Virginia, and Georgia* are examples of states using this approach. Some of these states reorganized their system from a Provider Agency Structure (provider agencies are primarily local counterparts to state agencies with some private-for-profit or private-non-profit agencies) in an attempt to increase compliance and improve services.

Some benefits that states have identified when using this structure include:

- Having a wide pool of providers to serve the increasing number of children being referred;
- Assisting in moving services into the natural environment (if the state is reorganizing) since individual providers usually work from their homes and do not have existing overhead facility costs;
- Maximizing revenues through fees and third party reimbursement;
- Providing family choice among individual service providers.

Some challenges that states have identified when using this approach include:

- Employing sufficient state staff to ensure accountability, oversight and monitoring of individual provider contracts and entities serving as central points of contact (i.e., states have approximately 3,500 to over 7,000 individual provider contracts and can have 10 – 50 central points of contact, which the state is responsible for overseeing);
- Ensuring delivery of quality services by individual providers that reflect the state's early intervention service delivery philosophy;
- Establishing procedures that control costs and ensure that decisions related to IFSP services (including frequency and intensity) do not exceed the needs of children and families.
- Establishing a strong technical assistance and training system that includes provider competencies, state developed training modules, numerous technical assistance supports, and strategies that ensure the provision of quality services (i.e., provider license on its own is not enough).

Several states with an Individual Provider Structure have shared copies of contracts they use to ensure accountability for service provision.

Regional point of entry contracts: (Add other states)

- Illinois (2007 CFC Contract)

Independent provider contracts: (Add other states)

- Georgia (2007 independent provider contracts for)
  - Service Coordination
  - Special Instruction
  - Service Provision

2. **Provider Agency Structure.** Numerous states use a Provider Agency Structure for the provision of early intervention services. This structure includes the selection of approved agencies by the state, based on an RFP or application process, which outlines standards/requirements that must be met. In this structure, a number of agencies within a region of the state may apply under the RFP or application process. Approved provider agencies receive most of the dollars up front and are subsequently held accountable for services provided. In this structure, the approved agencies are usually the "only game in town" for a specific area of the state and are responsible for all of the service provision.

Several states (e.g., *Rhode Island, Massachusetts*) that contract directly with programs/agencies have established a program certification process, including a set of standards, that programs must meet to ensure that programs comply with federal and state regulations and quality services are provided. The certification process and standards provide the basis for the lead agency determination of providers' eligibility to participate in and receive payment for the provision of EI services. The standards typically mirror or are the state's procedures and requirements for EI services.

Examples of states that use a provider agency structure include *Texas, Connecticut, New York, Rhode Island, Massachusetts, and Wyoming*.

Some benefits states have identified from this structure include:

- Providing administrative and supervisory support to all service providers in a region under one entity, making it easier to support the provision of quality services;
- Having a limited number of state contracts or entities that the state is responsible for managing, monitoring, and ensuring accountability.

Some challenges states have identified when using this approach include:

- Less incentive to maximize resources and pursue all available funding sources, because funds are paid up front. Strategies need to be incorporated into contracts or monitoring to address this.
- Difficulty moving service provision into natural environments due to existing facility costs and investments.
- An insufficient number of providers to handle the increasing referrals states are encountering and to meet the needs of children who are eligible for services. Procedures that enable additional service providers (e.g., individuals or new

agencies) to be added to the system between RFPs/applications need to be developed.

- Limited family choice of service providers to those employed through the agency that serves the geographic region where the family resides.

Several states with an Provider Agency Structure have shared a copy of the contract they use to ensure accountability of programs/agencies providing early intervention services.

- Connecticut (2007 Provider Agency Contract)
- Add Other states

3. **Combination Structure**: The Combination Structure is a third approach that states have used for the provision of early intervention services. It is a hybrid of the Individual Provider and Provider Agency Structures. The state, which may include regional or local counterparts, and/or contracted agencies retain some of the service delivery responsibilities. These responsibilities usually include evaluation/assessment and service coordination functions as well as some service provision responsibilities. The state, their regional/local counterparts, or their contracted agencies in turn contract with individual providers or service provider agencies in order to ensure availability of sufficient services and resources.

*North Carolina, Virginia, and Ohio* are examples of states that use a combination approach. These three states use a regional entity to coordinate and ensure compliance and quality service delivery in their designated catchment area.

Some benefits that states' have identified from this structure include:

- Providing administrative and supervisory support through one entity per area/region/community to employed service providers and using contractual arrangements for other service providers to ensure quality services.
- Having a limited number of state contracts or entities that the state manages, oversees, and monitors for compliance and quality services.
- Having a pool of providers in each geographic area to serve the increasing number of children being referred.
- Assisting in moving services into the natural environment (if the state is reorganizing) since individual providers usually work from their homes and do not have existing overhead facility costs.
- Providing family choice among service providers or service provider agencies.

Some challenges that states' have identified when using this approach include:

- Ensuring that individual service provider or service provider agency contracts are consistently managed by the region/community agencies that are given oversight responsibilities by the state.
- Determining which payment methods will be used for regional/community agencies and for service providers.

Several states using a combination structure have made available copies of their contracts for ensuring accountability in the provision of services.

- [Virginia \(2007 Local Lead Agency Contract for Continuing Participation in Part C\)](#)
- Add other states

## Other Resources:

The following studies include additional information about the types of providers and agencies states use to deliver Part C services

- The Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Early Childhood Special Education. (2004). *Study I Data Report: The National Landscape of Early Intervention in Personnel Preparation Standards under Part C of the Individuals with Disabilities Education Act (IDEA)*. Retrieved October 5, 2006 from <http://www.uconnuccedd.org/Publications/files/PPDataPartCweb.pdf>

This report identifies the "Types of Service Provider Employers" (page 12) in early intervention. Out of 45 states responding to a survey the report says:

"Respondents reported that the EI system in their states had an average of 3.5 types of employers. Personnel are most frequently employed by private not for profit agencies (80.0%) followed by a State Department (68.9%). Other employers included private for profit agencies (55.6%), private individual therapists (53.3%), local education agencies (37.8%), and regional collaborative units (31.1%) (see Table 7). Some Part C personnel are unionized in about one-third (31.1%) of the states and in 48.9% of the states they are not."

- Hebbeler, K., Spiker, D., Wagner, M. Cameto, R., & McKenna, P. (2000). A Framework for Describing Variations in State Early Intervention Systems. *Topics in Early Childhood Special Education*, 20(4),195-207.

This article uses information gathered from 20 states to provide a framework for describing early intervention systems at the state and local levels. Descriptive information is presented about how local jurisdictions are defined, eligibility criteria, what agencies are involved in the provision of early intervention services, and models of intake and of service coordination, including vignettes for selected states. The authors demonstrate that considerable variation exists on all dimensions of the framework.